Chapter 4

Principles For Community-Based Program Evaluation

Community Evaluation: Principles And Practices

A Presentation To The Blue Ribbon Panel, May 2000

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This article is an edited transcript of a presentation made to the CENTERED Project on May 4, 2000. For more complete presentation of these concepts, please see Goodman, R.M. (1998) "Principles and Tools for Evaluating Community-Based Prevention and Health Promotion Programs." Journal of Public Health Management and Practice, 4 (2), pp. 37-47. and Goodman, R.M. (2000) "Evaluation of Community-based Programs: An Alternative Perspective." In Schneiderman, N., et al. Integrating Behavioral and Social Sciences with Public Health, Washington, DC: American Psychological Association.

The literature on community-based evaluation presents important principles for working with communities. Social ecology is a basic concept that needs to be incorporated into community-based program evaluation. Cultivating community capacity is an important part of the evaluation process.

There has been an evolution of thinking about evaluation. Prior to the 1980's, most programs tended to be focused in organizational settings and not in communities. The dominant emphasis on community programs was implementing them through formal organizations. A shift started to occur in the 1980's, when the focus of programs moved from the implementing organizations to the communities. This change requires re-thinking evaluation models and strategies. The models of the early 1980's were based largely on clinical practice. A good example is the *PRECEDE Model* (Green, et al.) for evaluating health promotion initiatives. (1) Another prominent evaluation book, *How to Assess Program Implementation* by King, Morris and Fitzgibbon, emphasizes staff roles in doing evaluation processes. (2) The staff of the organizations that implement programs are not always from the community that the program serves. Evaluation methods that center on clinical practices and rely on program staff may miss important community dynamics that influence program results. Current perspectives on community evaluation are much more informed by social ecology thinking than the early evaluation models were. *Evaluation of Health Promotion, Health Education and Disease Prevention Programs* by Windsor, *et al.* is a very popular evaluation book in health promotion. (3) When Windsor describes process evaluation, a main emphasis is on

> Prior to the early 1980's, **formal organizations, and not communities**, often were the dominant emphasis of program implementation models, and management strategies were the primary vehicle used to foster effective program implementation

provider competency. Providers are typically professionals in organization. A second focus is on program adequacy, which typically has to do with resources, facilities, equipment, and level of staff effort in organizations. This is a very different way of thinking about evaluation than the social ecology approach to evaluating community programs. In the 1980's, several large-scale programs were implemented that began the shift to community-centered approaches to evaluation. There were a number of studies sponsored by the National Heart, Lung and Blood Institute of the National Institutes of Health: the Stanford Five Community Project, Minnesota Heart Health Project, and Pawtucket Heart Health Project. These projects signaled a shift toward the community emphasis. Implementing programs in communities required an expansion of evaluation models and strategies. The Minnesota Project started implementing activities that were based in the organizations of respective communities, but that also included community task forces, media, grocery vendors, and teachers: a basket of strategies rather than one singular intervention. When the programs were started at this population level in communities, the program designers realized that you could not evaluate these programs in the traditional way. Here were some of the earliest lessons in evaluation of community-level changes. The interventions were at the community level, and involved: risk factor screening, school programs, worksite physical activity, community task forces, media messages, speaker's bureaus, health practitioner programs, grocery labeling, community-wide contests, and menu labeling at restaurants. These activities could not be meaningfully evaluated at the individual level. Green and McAlister said evaluators now need "a distinct set of analytic and programmatic tools from those used with patients, clients, or customers." (4) That was one of the earlier lessons of this community program. Brian Flay of the National Cancer Institute said, "There are unique impediments in implementing community programs including reaching targets and the correct kind of attitude to get the desired effect." (5) David Altman, who has done a lot of work around tobacco prevention programs, said evaluators have to look at the "multiple causal mechanisms within complex community interventions." (6) So, when all these themes come together, evaluation must be thought about in a very different way.

a shift in emphasis has occurred in program implementation **from organizations to communities** that requires a rethinking of evaluation models and related strategies

In short, community programs are often difficult to evaluate because they have broad and multiple goals. They have to be purposefully flexible and responsive to changing local needs and conditions. It can take many years to produce results, so evaluations will have to be long-term; and they require multiple ways of thinking about data and analysis over the long-term. For all of these reasons, evaluators are presented with very significant challenges in developing an adequate approach to

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evaluation in communities.
So what's an evaluator supposed to do?

There are two fundamental themes that appear in the literature. First of all, we have to explode some of the old ways we think about evaluation, and eliminate the old concepts. They are not relevant to what we need to do. The classical experimental and quasi-experimental design is often inappropriate for community-based evaluation. The first principle: classic experimental, quasi-experimental designs may not be the most informative approaches to evaluation. Here is why. The classic way to do evaluation is this: there is the health program implemented in this community and there is no health program in another community. The evaluator takes the baseline measure and then sees what happens after the program. A baseline measure is made where you have no program and then a second measure is made, after the program in the other community. If your program worked, you should see a significant improvement from before to after. The strongest designs traditionally are those that use random assignment. The results are considered unequivocal: the evaluator can say that this program produces this result. Short of that "gold standard" of randomized experimental design, the next best thing is to use a quasi-experimental, matched comparisons design. The main point is that these designs are often not applicable to the community work.

Look at the basic concepts upon which these designs are based. First, there needs to be an association between the program and the outcome. The more intensive the program is; the more intensive the outcome should be. What that means is, that program and outcome need to be associated with one another. The basic flaw is that this kind of association is based on statistical principles. Often, you have to have sufficient numbers of community programs in place in order to find that kind of statistical association. Very frequently, evaluation is concerned with one program in one community. The numbers of communities studied must be large in order to have sufficient statistical power, and this can be quite costly. Community studies are expensive, complicated, and costly. So, the first principle of association often doesn't apply.

ASSESSMENTS OF COMMUNITY PROGRAMS ARE OFTEN DIFFICULT BECAUSE THEY:

- **have broad and multiple goals**
- **are purposely flexible and responsive to changing local needs and conditions**
- **take many years to produce result**
- **require multiple data collection and analysis methods extended over long periods of time**

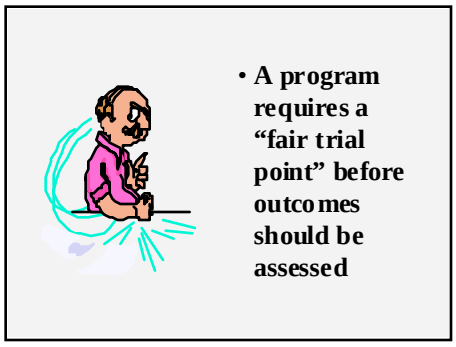
A second concept is that the program has to come before the outcome. If there is a change in outcome before the program is implemented, or if the intervention is not the same in each program, then the program did not cause the outcome. There is a certain fallacy of community programs that applies to this principle. Each community is unique in its own way. A basic principle of doing statistical work is that there must be fidelity in your intervention, which means that the intervention has to be the same in order to say that the intervention caused the result. It is a lot easier to do that clinically where you have a standard protocol applied in a standard way. When dealing with different communities, there will be levels of readiness to engage in the work, different community characteristics and different kinds of politics. Each community presents its own, unique challenge. There

are essentially different interventions in each community, not a single intervention. So, fidelity to the intervention and cause and effect are variable by community.

Another aspect of the classical experimental design is spurious association. That means some other factors outside of the study influence the causes or results. In community evaluation, other factors in the community are quite important. These factors might be considered spurious in some projects, but they are very important. Community programs are very complex. The evaluator must understand how each aspect of the program contributes. What appears to be spurious may in truth be quite essential.

The second guiding theme is that formative and process evaluation should be emphasized above the outcome measures, particularly during the initial development stages of the program. The second guiding principle is that, in the initial development stages, it is much more important to focus on process evaluation with measures tailored to the intervention. The emphasis on meaningful outcomes is certainly very important, because the reason for doing programs is that they have some kind of health benefit for communities. A lot of time, effort, and resources are spent to enlist community support in public health programs, but if they do not produce a result, we are wasting time, resources, and effort. That being said, outcomes cannot be assured without evaluating the processes that are calculated to produce them. This is particularly true in complex community programs.

Paul Berman of the Rand Corporation, in looking at education intervention, said: "No matter how data were analyzed, we could find no strong relationship between the type of innovation adopted and the outcomes. Indeed, it became apparent that the *same* technology, [the same intervention] was implemented in very different ways in different institutional settings with very different results. Moreover, factors associated with how the project was implemented explained a relatively high proportion of the variance in outcomes. In other words, in the instance of educational innovations, *implementation* typically dominates the *outcomes*." (7)

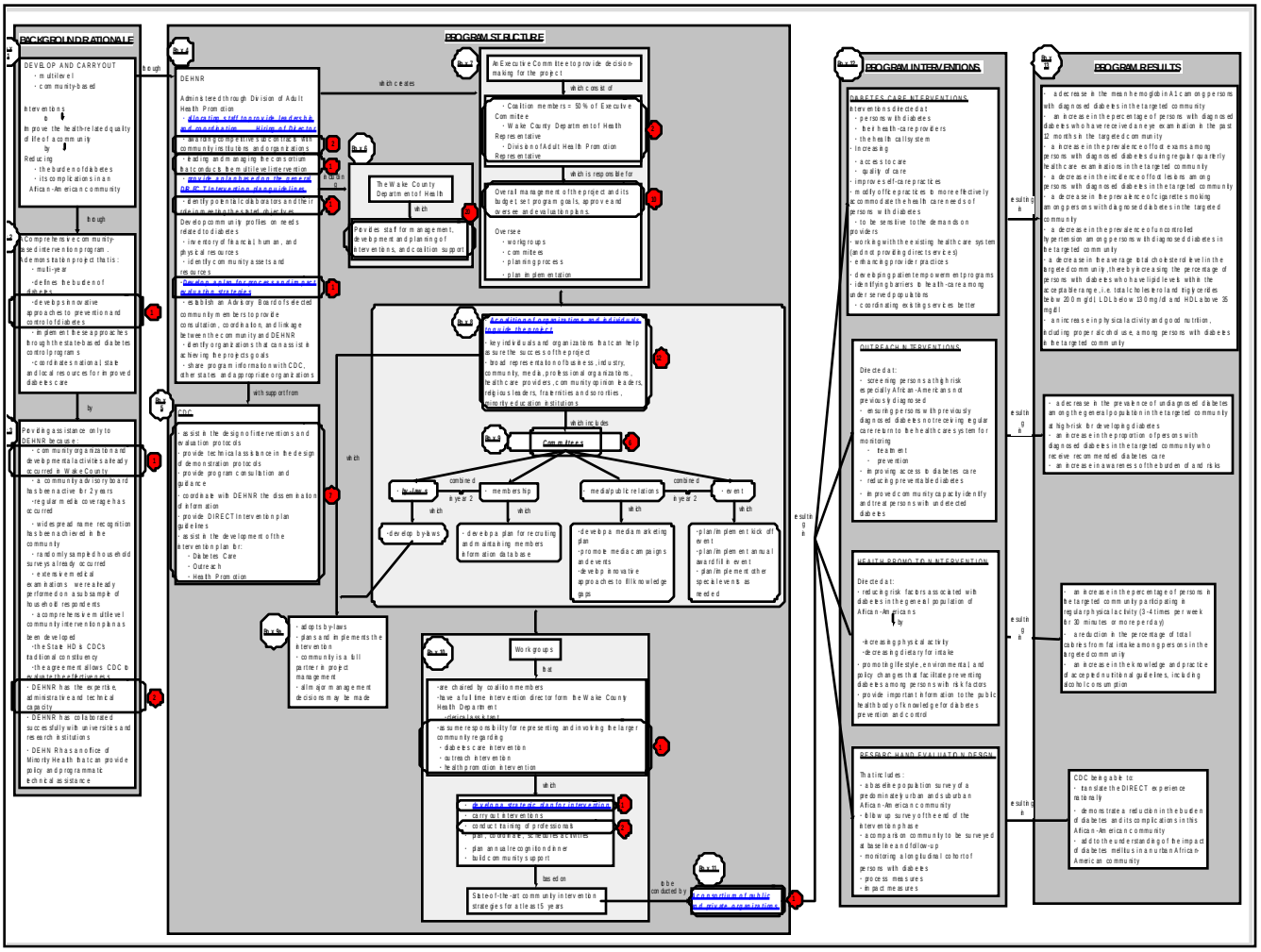


What does this mean? In scientific language, a Type I error in research is when the program effect is significant statistically, but the program was not. The conclusion reached is that the program was significant when it really was not. A Type II error is when the measured outcome is not significantly different, but the program really is doing something that is important. There is a "Type III error" that should be considered: that the program was not significant because it was never implemented in the first place. It is very important in complex community programs to ensure that the program occurs in the way it was designed to occur, so that outcome can be assessed. There needs to be a "fair trial point," in other words. The program implementation has to develop to a level of adequacy. In community programs, it takes time to achieve a level of adequacy: for the program intervention to really have an effect. The implementation of a program in multiple sites complicates the issue still further, when it comes to assessing outcomes.

Process evaluation of project formation and project implementation is very important to establish that the intervention has actually been put in place, and a fair trial point has been reached. This is critical because community interventions are complex, and require a fair trial point. There are often delays in the implementation of a community program, not always due to what the community did or did not do. If the outcomes are evaluated before the program is really implemented, then false conclusions may be drawn about the effectiveness of the intervention.

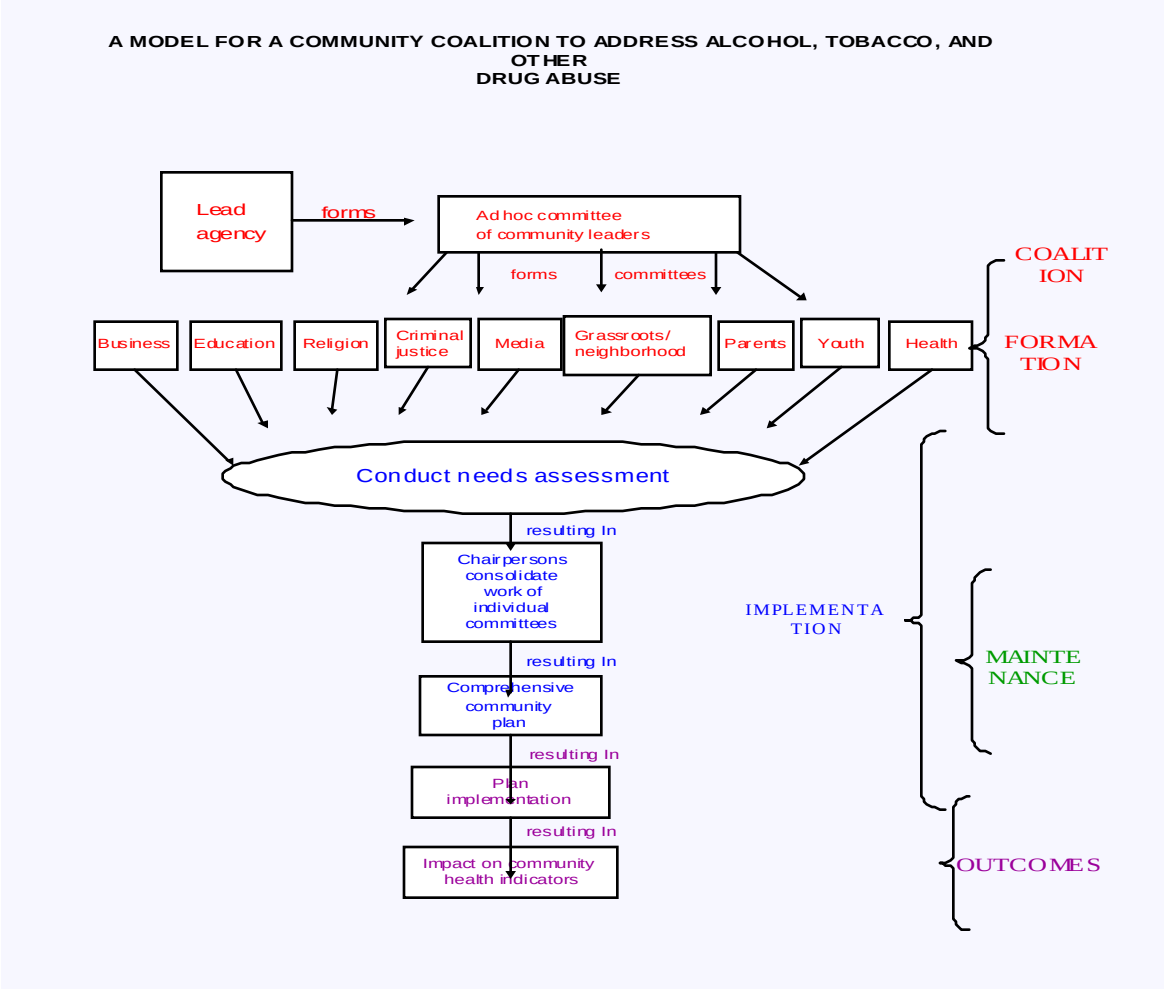
Here are five principles that appear in "Principles and Tools for Evaluating Community-Based Promotion Programs."

1. Program evaluation should include, and be focused on, logic models that were locally developed.
2. Evaluation instruments that are used for a community program must be content specific to the community.
3. Evaluation approaches should be guided by the questions that are asked, and they often require both qualitative and quantitative approaches.
4. Evaluations should be informed by social ecology and social system theory.
5. Community evaluations should involve local stakeholders.



The above logic model is for a diabetes program in an African-American community in a Southern state. It is very complex [and we don't expect you to be able to read it]. Would we really expect a diabetes program to operate the same way, according to the same model, in a community with a Native American population? Would the program be the same with a Hispanic population? No. The intervention would be adapted to the needs of the specific community, and there are not going to be certain interventions to put into an experimental or quasi-experimental design. Therefore, evaluators need alternative evaluation strategies to say the program caused the effect. Logic models are logical statements that link near-term processes to outcome.

The following is a logic model designed for a community poll on issues with alcohol, tobacco, and drug prevention. Groups got together to do the needs assessment, then consolidated the work, developed a complex community plan to implement the study, and planned to evaluate outcomes. Participation influences outcomes. A logic model shows the



steps in the process and the roles of participants. This model was community-generated. The development process is the key: developing the model with the community; coming up with measures at each level; developing a cause-and-effect model; and developing indicators with the community. The level of adequacy is developed with the community: it

is what the community thinks is necessary. If the model is not working, the stage is set for dialogue with the community to problem-solve. Logic models are a valuable way of engaging communities in evaluation and, in planning the standards for considering program adequacy.

The evaluation instruments used to measure communities must be context-specific to the community. Locally developed instruments can increase focus, sensitivity, and decrease bias. An example: in a community in a Southeastern state there was a study of mental well-being in primary care clinics that provided prenatal care. One of the questions about well-being, taken from a national survey instrument, was: "When people talk to me, I generally don't understand them." Another question was, "When I talk to others, they generally don't understand me." These questions were used as an indicator of mental distress. Well, in the Southeastern state's program, the questions were posed to a Latino migrant population, and had an entirely different meaning in that context. It is very important to understand what the local context is when taking measurements.

Principle three is that evaluation approaches should be both qualitative and quantitative. Quantitative questions typically answer who, what, where, and how much. Qualitative questions typically focus on why something is working and how it is working. In evaluating single and complex community programs, "how" and "why" the intervention worked are often questions that the evaluator should discuss with the community. This dialogue should be the first consideration in developing a plan for evaluation.

The fourth principle is that social ecology and systems theory are important to think about when doing community evaluation. Most of the issues of concern today are really social issues. These are issues embedded in the social fabric, for example: AIDS, violence, and teen pregnancy. It is hard to separate these issues from discussions of racism and other economic disparities. Because these are social conditions, the interventions necessarily have to be complex and typically are on many different levels of social ecology. Behavior change is often wrapped up in social support systems that embrace people.

Community capacity to mobilize effectively is another aspect of social ecology. One important capacity is the ability for organizations and groups to cooperate with one another. Alliances are needed to affect politics and policies through media and lobbying. Advocacy is an important aspect of intervention in the community forum. Interventions should be connected so that they form synergies: one intervention links to others so that both do more to improve the community. When programs are layered and linked in a logical or intelligent way, these have a cause-and-synergistic effect.

The fifth principle is that evaluation should involve local stakeholders in a meaningful way. This means that the evaluator needs to be a facilitator of program development as well as evaluation. Evaluators become a program stakeholder, collaborator, and builder of capacity. Some of the skills that are important in this process are evaluation approaches. In participatory evaluation, the community helps define every step of the way. David Fetterman says that when the community becomes involved in self-reflection, self-

evaluation and self-awareness it becomes empowered. (14) Participatory evaluation is compatible with community development practices, participation and ownership.

What is community capacity? Most programs are functioning in an organization, and the evaluation framework is built around staff and resources of organizations. When programs shift to communities, the evaluation takes on a whole different flavor. What kinds of assets do communities bring to the table to work effectively? Community capacity includes the characteristics of the community that help to identify, mobilize and address social public health problems. Capacity also involves the cultivation and use of knowledge and skills as important community resources.

Some key elements for success include demographics, participation, leadership that is diverse, formal and informal leaders; skills in conflict resolution and negotiation of compromise; resources; ability to access and share resources; trust and reciprocity; and networks with a rich sense of community. The evaluator must understand the community and what has come before in the experience of the community. The central concept is that the community is empowered to be in charge of its destiny for betterment. There needs to be a strong set of community defined values around the projects that are being done. These are all aspects of community capacity.

In summary, community interventions that are population-based are significantly different than more traditional public health approaches. Experimental and quasi-experimental designs are not going to be the most salient ways of evaluating community programs. Without intensive emphasis on formative and process evaluation, including logic models, project functioning may not be maximized. The literature suggests that there are numerous practical tools for evaluating community programs, with both process and outcome evaluations. They require political will to institute them.

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Lessons From Evaluation

A Presentation To The CENTERED Project, July 2000

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Evaluation, if done well in the context of community empowerment work, can strengthen community building and really let you know what works collectively; but, if done poorly, it can blow the whole thing apart. The challenge is in trying to figure out what is effective in improving the public's health. Seattle has diverse urban, rural, and suburban areas with all of the kind of income, ethnic differences that you would expect in a large geographical mass. It is a little larger than Delaware, and has about two million people. All of us who work in the Public Health Department have some notion of community that becomes very relevant in how you do any of your interventions and evaluations. This is our community and it is very obvious that it is made of different communities, even in just the city of Seattle. Thus, when you think about interventions and evaluating interventions to improve community health generically (or around some of the particular target problems that we're dealing with in chronic disease prevention) even the very notion of *community* is difficult.

In this county, King County, it is sometimes even more difficult than when I was in Boston, which was a fairly small, bounded area of 500,000 people.

What I want to focus on for the moment is evaluation and the context of health disparities. I think that for all of us who were trained in the science of what we are now calling Outcome Research and Evaluation, when you are looking at health disparities you are very much in the realm of the political and the social and the cultural and you've got to make those tools fit in that context. And that is very difficult, I think.

It's trying to strike the balance between what might be the most effective methodological approaches to try to measure an outcome, and what is going to be the best approach given the mission and the values of your intervention. Examples of that are rejecting randomization models because it goes counter to the ethos of the coalition. In some projects where we do randomize, we have been very careful with setting them up in a time-limited way and in diffusing the knowledge, if it is effective, to the population that's not getting the intervention. I know that confidentiality issues in design are really important, for very good reasons. Community members don't trust researchers, so making sure that the designs are really explicit and clear and how confidentiality issues are dealt with is really important. The other way is making sure there is continuous feedback of information about the results of whatever you are finding to the community where you are doing the study. In summary, sometimes it is not using just the state-of-the-art evaluation protocol, but the best fit between the state-of-the-art and the community.

I think the guidelines have to caution those who believe that all the truth lies in the literature in classic methods to be open to other community voices. Until very, very recently, the kinds of approaches that we had to draw on, the "science" of evaluation, were not necessarily imbedded in that kind of context and did not fit very well, or were not tested with the populations that we work with. Looking at evaluation in the context of health disparities, our goal is decreasing or eliminating health disparities based on race, ethnicity, language, income, and sexual orientation; that guides everything that we do. Assessing and monitoring outcomes is a complicated issue. However, I think the first thing to remember is that you are intervening in and having to evaluate a complex, political and cultural system.

If you are going to design interventions to eliminate health disparities, you need a framework for understanding what causes those disparities. You need to look at all of these areas: trust in the health care system, promotion of healthy behaviors, access to health care services, mental health, economic opportunity and equity, education, language, cultural factors, environment, stress, and social factors.

All of those things are relevant in both the design and evaluation of programs. It is sometimes difficult to fit our methods to these factors, since in looking at the disparity issues all of these things are operating at once. How do you capture what is most significant and not ignore or push to the margin things you can't measure? I think that is an important lesson. A lot of our methods lead us to push to the margin and not measure that which is most significant, because we've been trained in models where we work the other way. I think when you're thinking about eliminating or measuring the impact of

programs to deal with health disparities, you have to make sure you're not subservient to the models. It doesn't mean you don't deal with good science, but it means that you're dealing with the flexible interplay with good science, and the realities of what these factors look like in real live communities.

Evaluation guidelines have to be understandable, adaptable and practical. Understandable doesn't mean just translating research into other terms. It means understandable in the context of the lives of people that you're going to work with. Evaluation, when you get down to it, is really simply trying to figure out if something works, if it is effective, if it is making a difference. It is very important, at least in the work that we have done in our community-based evaluations, to come to a common understanding about the term and the use of evaluation. Again, it is not a simple function of taking the tenets of evaluation and translating them. It is working together to have a shared knowledge emerge. This is where you can't be a methodological tyrant, but you have to be flexible in your methods. You may want to trade off rigor to keep an evaluation model from being a powder keg in terms of your community building. Those are the kinds of things that I think adaptability means. As far as practical goes, it has to get done. You have to be very practical because you always, unless the world changes, are trying to squeeze the best evaluation into far fewer funds than they really require.

I cannot separate the community-building work and the coalition of the evaluation. And, one of the reasons we designed an evaluation that works under the coalition is that we couldn't afford to have some kind of artificial scientific split between the evaluators and the project. Some people like tables, some people like text. We just go down to whatever level anyone is, and engage them around the coalition to determine how to make the basic task of evaluation reasonable and understandable and demystified. We talk about the importance of evaluation almost as a marketing tool to help us show we've made a difference, not as a tool to show us where we've gone wrong.

One challenge for community-based evaluation is adaptability. One size evaluation doesn't fit all. I'm always suspicious of evaluation models that don't seem to vary, even depending upon what the evaluation problem is. This is where it takes really new, and almost cutting-edge work between the community and those people who are charged with working on the technical component of the evaluation to make sure that it fits for the problem that you're looking at in the communities.

I want to stress the importance of trying to provide a menu for evaluation, not a script: of a whole lot of things that you *might* do, and a lot of ways to talk about what *might* work or what *might not* work. The worst thing to do is approach this as: "This is received science. Here is how it has to look." Choices, flexibility, menus and not a script are vital. Again, we come back to practicality as in every evaluation, you've got to downsize it, you've got to fit it, you've got to deal with what are always marginal resources, and try to get the best measure of effectiveness that you can to make it a manageable size. Focus on useful data; we spend a lot of time in the coalitions that I work with on defining what is most useful to us as outcome data, based on our goals and based on trying to prove the effectiveness of services. These are the things that are meaningful to the coalition.

Therefore, evaluation is not some kind of research enterprise, but something that helps us advance our community-building enterprise.

Any kind of guideline for community-based organizations involved in the evaluation must be understandable, adaptable, practical, and community-driven. Local public health agencies play an important role, but I sometimes feel that it is maybe helping to set the table, providing some expertise, providing our own input as community members. However, even in the evaluation, it is not an over-determining role. It is a partnership role, supporting some of the emerging logic of what is going to make sense for an evaluation for a particular coalition. It takes a partnership to provide that technical support and to provide some advocacy.

Ethical Principles For Evaluations

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Evaluation of interventions that attempt to reduce health disparities among racial and ethnic groups involves interacting with persons and communities who in the past have been marginalized and disenfranchised. The consequences of the evaluation results can impact the programs themselves and the persons they serve. Therefore, evaluators, program managers and staff have an obligation to pay attention to ethical questions.

Ethical issues will arise throughout the course of an evaluation activity. They may include how and why participant information is collected and used; deciding whether or not results are public information; and deciding who interacts with participants, when, where, and how the results are shared, just to name a few. Ethical issues may be generated by the evaluator, the program manager, or other stakeholders. Ethical guidelines serve as the basis for the thoughtful reflection and sound judgment needed to address these issues.

The principles listed below are guidelines that program managers can expect evaluators to follow when carrying out an evaluation. The list was developed by reviewing and compiling codes of ethic guidelines from a number of disciplines that included: epidemiology, psychology, sociology, behavioral research, and evaluation. It is neither exhaustive nor exclusive; it is intended to help guide decision-making.

- **Community Involvement**—First and foremost, the community's interests, expectations, priorities, and commitment should be determined before the evaluation takes place. The community should be consulted and involved directly, throughout the entire evaluation process and to the degree to which they would like to participate.

- **Competence**—The evaluator: should be knowledgeable in the historical, geographical, cultural, social, political, and economic background of the program; should also possess the education, abilities, skills and experience appropriate to complete the tasks; should be able to design a

tailored-made evaluation plan; should be able to interpret the findings and make recommendations base on those findings. The evaluator should practice within the limits of his or her professional training and competence.

- **Role**—The roles of the evaluator, community, program staff, and other stakeholders should be stated explicitly to avoid confusion about who is expected to do what.

- **Honesty**—This requires a good-faith intent to tell the truth as best one knows it and to avoid communicating in a way that is likely to mislead or deceive.

- **Openness Of Communication**—The evaluator should be forthcoming with results and respond to the community's concerns, suggestions, and questions in a timely manner.

- **Reliability**— The evaluator should make all reasonable efforts to fulfill commitments.

- **Respect**—The evaluator should show regard for the worth and dignity of a community. Respect does not allow violence, humiliation, manipulation, intimidation, coercion, and exploitation.

- **Accountability**—The evaluator should be responsible for providing the community with clear, accurate, and fair information to help guide their decision-making concerning the evaluation process, modifying interventions, allocation of funds, developing policies, etc. Results should be shared in a timely and understandable manner. She or he should be responsible for the completion of the evaluation as agreed upon by the community.

- **Confidentiality And Anonymity**—The evaluator should assure the community that all information collected is held in strict confidence. Released information about the community or participants should be in aggregate form only so that no single individual can be identified.

- **Sharing Results**—The evaluator should share all evaluation results with the community prior to public release. The community should have the opportunity to give feedback and make changes before results are shared with the public and other stakeholders.

- **Protection Of Program Staff And Community**—The evaluator should interact fairly and sensitively with program staff and the community and should avoid causing harm.

- **Fidelity**—The evaluator should comply and adhere to the agreement and fulfill his or her duties and obligations set forth by the community.

- **Fairness**—The evaluator should not make preconceived opinions or judgments about the community, but should make decisions about the evaluation in partnership with the community without favoritism, prejudice, and self-interest. The evaluator should correct mistakes, promptly and voluntarily; and, behave in a manner that is legally right and proper.

- **Integrity**—The evaluator should accurately represent herself or himself and her or his level of knowledge and skill; and, should conduct herself or himself in a manner that is appropriate and sensitive to cultural, social, and political environments of the community.

In Conclusion, these principles should form the ethical basis for conducting evaluation of programs to reduce health disparities. Program managers and staff should be familiar with these principles and develop explicit agreements with evaluators that address these ethical considerations.

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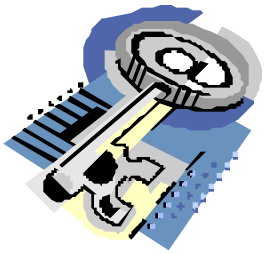

Principles For Evaluating Interventions TO Reduce Racial And Ethnic Disparities In Health

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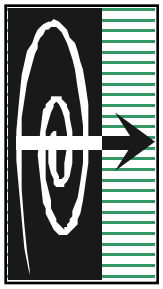
There are some basic principles and essential elements for evaluating interventions to reduce racial and ethnic disparities in health. It is important to state that there is no single, right way for conducting this type of work. Just as interventions and programs need to be tailored to their communities, so do the evaluations of these interventions.



Engage The Community In The Process
Community members should be able to be engaged in intervention, implementation, and evaluation activities with minimal training.

Define Success On The Community's Terms
Intervention success needs to be defined in culturally relevant terms, with input from community members. Researchers or outside "experts" should not be deciding what evidence will be used to say whether or not an intervention was successful. Communities need to have input regarding what are fair and useful measures of success.

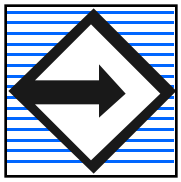
Respect The Community
Evaluation efforts need to understand and respect the complexities and unique circumstances of communities.

Address Racism
Community's perspectives on where racism exists and how it affects community members should be explicitly considered in evaluations of efforts to reduce racial and ethnic disparities in health.

Community Participation Is Essential
An overarching principle is that evaluation efforts of interventions aiming to reduce racial and ethnic disparities in health should be *community-based* and *participatory*.

This approach recognizes the knowledge, expertise and capacity that exists in all communities, and emphasizes a collaborative and mutually beneficial relationship between health professionals, researchers and community members.

Rather than being research that is carried out "on" people, community-based participatory research is carried out with and by local people.



Community Members Have Control

The main difference between participatory research and more traditional research is that community members have a voice and actually have control regarding what intervention is going to be implemented in their community and how that intervention is going to be evaluated. In this evaluation model, community members play a key and active role in defining community problems, crafting interventions, and evaluating the responses.

Relevant Evaluations

There are many benefits and advantages to using a community-based, participatory approach to evaluation research. This approach increases the chance that the research actually will be relevant and useful to the community, that it improves the quality of the research findings by tapping into local knowledge, experience and expertise, and that it gives communities that have traditionally been marginalized and without voice more power and control in the research process.

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Putting Principles Into Action

To engage in community-based, participatory evaluation research, community representatives and researchers need to discuss and agree upon guiding principles for how they are going to work together. This takes a great deal of time and effort, but it is a necessary part of the process by which community members are represented and their voices are heard regarding the interventions being implemented and evaluated in their communities.

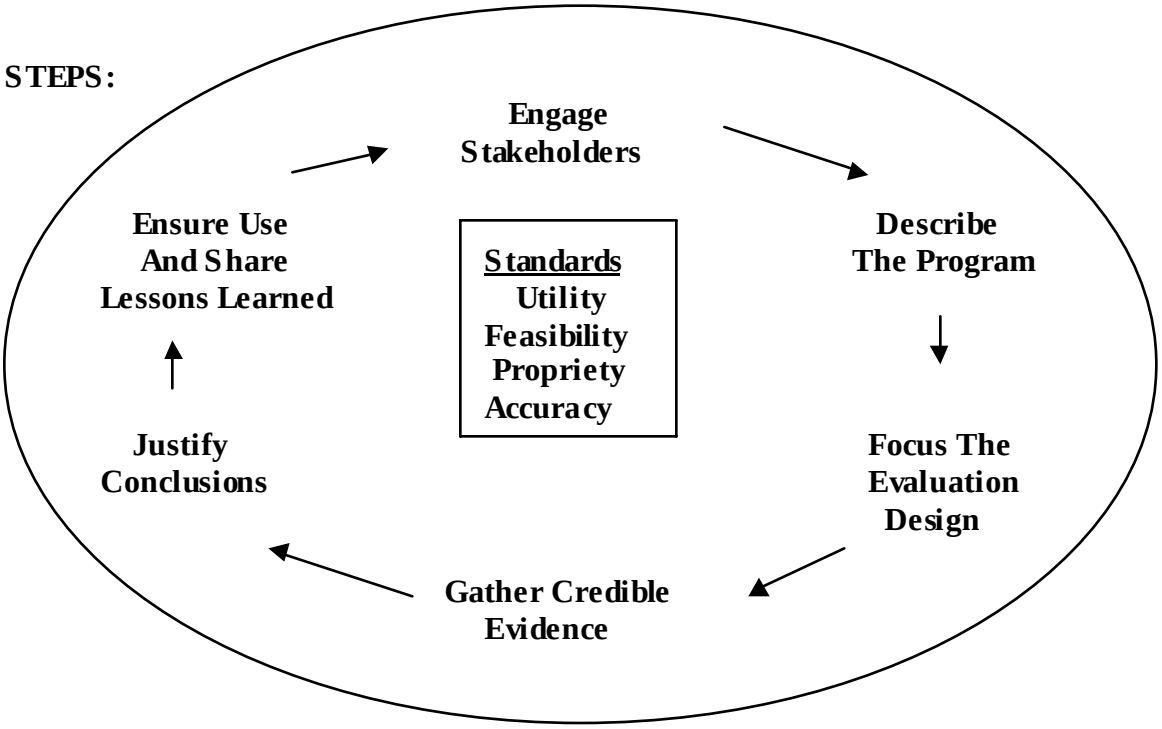
The CENTERED Project's Principles For The Evaluation Of Community-Based Programs

1. **CBPH program evaluations need to be tailored to reflect and respect the complexities and unique circumstances of the target community.**
2. **Good relationships must be established between community partners and CBPH program evaluators before any evaluation planning or work actually begins.**
3. **CBPH partners should be culturally competent relevant to the target community.**
4. **The target community should help to define indicators of success in culturally relevant terms.**
5. **The target community should help to determine the measurement and scaling of evaluation indicators, so the evaluation findings are practically useful and easily understood by all CBPH partners.**
6. **CBOs should assess, respect and build into each evaluation the community perceptions regarding sources of racism and the impacts racism may have on health disparities within their community.**
7. **CBOs should assess whether the evaluation process has helped to increase its own (and the community's) capacity to plan and conduct evaluations in the future.**
8. **CBOs should involve community partners in all stages of the evaluation process, including planning, implementation, data analysis, and reporting of findings.**

CDC's Framework For Evaluation

Source: CDC Evaluation Working Group. Framework for Program Evaluation in Public Health. *MMWR* Supplement No. 48; September 17, 1999.

STEPS:



REFERENCE CARD:

STEPS IN EVALUATION	PRACTICE STANDARDS FOR EFFECTIVE EVALUATION
• **Engage Stakeholders** Those involved, those affected, primary intended users	
• **Describe The program** Need, expected effects, activities, resources, stage, context, logic model	• **Utility** Serve the information needs of intended users
• **Focus The Evaluation Design** Purpose, users, uses, questions, methods, agreements	• **Feasibility** Be realistic, prudent, diplomatic, and frugal
• **Gather Credible Evidence** Indicators, sources, quality, quantity, logistics	• **Propriety** Behave legally, ethically, and with due regard for the welfare of those involved and those affected
• **Justify Conclusions** Standards, analysis/synthesis, interpretation, judgment, recommendations	• **Accuracy** Reveal and convey technically accurate information
• **Ensure Use And Share Lessons Learned** Design, preparation, feedback, follow-up, dissemination	Source: CDC. Framework for Program Evaluation in Public Health. *MMWR* Supplement No. 48; September 17, 1999.

OVERVIEW

Purpose

Effective program evaluation is a systematic way to improve and account for actions by involving procedures that are useful, feasible, ethical, and accurate. The framework in a practical, non-prescriptive tool, designed to summarize and organize essential elements of program evaluation. The framework comprises steps in program evaluation and standards for effective program evaluation. Adhering to these steps and standards will allow an understanding of each program's context and will improve how program evaluations are conceived and conducted. The specific purposes of the framework are to

- Summarize and organize the essential elements of program evaluation
- Provide a common frame of reference for conducting effective program evaluations
- Clarify steps in program evaluation
- Review standards for effective program evaluation; and
- Address misconceptions about the purposes and methods of program evaluation

Steps In Evaluation Practice

The framework emphasizes six connected steps that together can be a starting point to tailor an evaluation for a particular effort, at a particular point in time. Because the steps are all interdependent, they might be encountered in a nonlinear sequence; however, an order exists for fulfilling each -- earlier steps provide the foundation for subsequent progress. Thus, decisions regarding how to execute a step are iterative and should not be finalized until previous steps have been thoroughly addressed.

Standards For Effective Evaluation

A set of 30 standards -- organized into groups of utility, feasibility, propriety, and accuracy – is also included. These standards help answer the question, "Will this evaluation be effective?" The standards are adopted from the Joint Committee on Educational Evaluation (1994); they are an approved standard by the American National Standards Institute (ANSI) and have been endorsed by the American Evaluation Association and 14 other professional organizations.

Applying The Framework

Professionals can no longer question whether to evaluate their programs; instead, the appropriate questions are, "What is the best way to evaluate?" " What is being learned from evaluation?" and "How will lessons learned from evaluations be used to make program efforts more effective and accountable?" The framework helps answer these questions by guiding its users in selecting evaluation strategies that are useful, feasible, ethical, and accurate. When applying the framework, the challenge is to devise an optimal -- as opposed to an ideal -- strategy. An optimal strategy is one that accomplishes each step in the framework in a way that accommodates the program context and meets or exceeds all relevant standards.

Integrating Evaluation In Routine Program Practice

Evaluation can be closely tied to routine practice when the emphasis is on practical, ongoing evaluation that involves all staff and stakeholders, not just evaluation experts.

Informal evaluations are done routinely by individuals, who ask questions and consider feedback as part of their daily professional responsibilities. Such informal evaluation processes are adequate when the stakes involved are low. When the stakes of a situation increase, however, then it becomes important to use evaluation procedures that are formal, visible, and justifiable.

ADDRESSING COMMON CONCERNS

Common concerns regarding program evaluation are clarified by using this framework. For instance, many evaluations are not undertaken because they are perceived as having to be costly. The expense of an evaluation, however, is relative; it depends upon the question being asked and the level of certainty desired for the answer. A simple, low-cost evaluation can deliver valuable results.

Rather than discounting evaluations as time-consuming and tangential to program operations, the framework encourages conducting evaluations that are timed strategically to provide necessary feedback. This makes it possible to integrate evaluation closely with program practice.

Another concern centers on the perceived technical demands of designing and conducting an evaluation. Although circumstances exist where controlled environments and elaborate analytic techniques are needed, most program evaluations do not require such methods. Instead, the practical approach endorsed by this framework focuses on questions that will improve the program by using context-sensitive methods and analytic techniques that summarize accurately the meaning of qualitative and quantitative information.

Finally, the prospect of evaluation can trouble many program staff because they perceive evaluation methods as punitive, exclusionary, and adversarial. The framework encourages an evaluation approach that is designed to be helpful and engages interested stakeholders in a process that welcomes their participation.

FOR FURTHER INFORMATION: CDC Evaluation Working Group
http:/www.cdc.gov/eval

Guidelines For Selecting An Evaluator

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It is going to take a special kind of evaluation lead by an evaluator with specific skills to assess and document improvements caused by projects designed to eliminate racial and ethnic health disparities. The following information is provided as a guide for organizations that are interested in selecting the best evaluator for a project that will be implemented in a community setting. This information is based on two studies (1,2), other documentation of evaluation approaches (3) and my personal experiences with evaluation.

Choosing the right evaluator can complement the team approach to the project and help ensure success. Having the right evaluator can ensure that the project staff and participants are involved in setting evaluation questions, designing evaluation instruments, collecting data and receiving useful information about project activities. On the other hand, selecting the wrong evaluator can mean the collection of useless information, disruption of project activities, and the lack of feedback to project personnel and participants.

But who is the "right evaluator?" Aren't all evaluators the same? Actually, no… Evaluators are not trained similarly and all do not have experiences that relate to conducting evaluations in community settings or to the elimination of health disparities.

Some specific tips for hiring an evaluator or an evaluation team are provided below. Projects should hire evaluators for community-based projects who:

- Take a team approach to decision-making and work tasks;
- View the work to be done as a partnership;
- Select evaluation questions using an empowerment evaluation approach;
- Have past experiences with community-based evaluation that is both process and outcome focused;
- Know how to create useful evaluation products (obtain examples of reports and presentations);
- Translate their work so that it is easily understood and used by staff and participants;
- Have grant writing skills to assist in furthering the initiative;
- Have strong communication skills;
- Are personable, approachable and open to new ideas;
- Strong ability to work with staff and community personably and professionally;
- Be culturally competent with the community that is the priority for this project;
- Have strong data collection and management experience from past community-based projects;
- Collect and analyze qualitative and quantitative data;
- Have good organization skills.

In summary, the evaluator selected should have solid community-based research skills, and more importantly be committed to the community and social change. If possible, it can be useful to hire an evaluation team comprising members who collectively cover the above-listed characteristics.

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